

BIRTH RECORD ORDER FORM

\$20 first copy / \$15 every additional copy

_____ Number of Certified Copies Requested

DO NOT WRITE IN THIS SPACE
ATTENTION:

1. Full Name on Record _____
First Middle Last
2. Date of Birth _____
3. Place of Birth _____ **OREGON**
4. Father's Full Name _____
First Middle Last
5. Mother's Full Maiden Name _____
First Middle Maiden
6. Name of Person Ordering Record _____
7. Your Relationship To The Person Named on the Record _____
8. Daytime Telephone Number _____
9. Your Address _____
10. City/State/Zip _____

CERTIFICATE #: _____

FILM _____

FILM (P) _____

COMPUTER _____

INDEXES _____

INDEX (P) _____

DF/CO _____

REFUND: \$ _____

Excess Fee: _____ Out/State _____

No Record: _____ Uncompleted: _____

CHECK # _____

DATE: _____

In accordance with law - ORS 432.121, access to birth records is restricted for 100 years to the registrant, immediate family members legal representatives, government agencies, and persons licensed or registered under ORS 703.430. Legal guardians must enclose a copy of the legal document. If you are not eligible, enclose a written permission note with a notarized signature of an eligible person.

Send to: **OREGON VITAL RECORDS**
PO BOX 14050
PORTLAND OR 97293-0050

Make checks/money orders payable to: **DHS/Vital Records**
PLEASE DO NOT SEND CASH

RECORDS ARE \$20 FOR THE FIRST COPY; \$15 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME.

International customers: Only U.S. bank money orders or traveler's checks in U.S dollars accepted.

If the requested record cannot be found, the \$20 fee must be retained as a search fee as prescribed by Administrative Rule 333-011-0106 (2)

For current ordering information call (971) 673-1190 or find Vital Records on our web page: www.healthoregon.org/chs

Warning: Providing false information is a felony under ORS 432.900

PLEASE ENTER YOUR MAILING ADDRESS BELOW:

Name _____

Street _____

City/State/Zip _____

FOR OFFICE USE ONLY

File Date _____	Amendment Fee _____
NRL/Ref Issued _____	Full Issued _____
Follow Up _____	Computer Copy _____

LARGE FORMAT COPIES OF THIS FORM AVAILABLE BY REQUEST

NSF Check Processing Policy: In the event that your check is returned unpaid for insufficient or uncollected funds, we may present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by other means. A \$25 penalty may be assessed for NSF checks per ORS 30.701 (5)

DO NOT DETACH - THIS IS YOUR MAILING LABEL